

1038

508

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 184
Registrar's No. 184

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma General Hospital
(If outside city limits also write RURAL) (St. & No. or Name of Institution)
(d) Length of Stay: In Hospital or Institution 6 hrs In Community 6 hrs (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma-Rural
(If outside city limits also write RURAL)
(d) Street No. Rural (e) Citizen of foreign country (yes or No) no
3. (a) FULL NAME Elza M. Goules, Jr. (b) If Veteran no (c) Social Security No. no

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive 6 yrs.
7. Birthdate of deceased: (Month) Oct (Day) 27 (Year) 1944
8. AGE: Years 6 Months 0 Days 0 hrs. 6 min. 0

9. Birthplace Yuma, Arizona (City, town or county) (State or Country)
10. Usual Occupation child
11. Industry or Business none
12. Name Elza M. Goules
13. Birthplace Wister, Okla. (City, town or county) (State or Country)
14. Maiden Name Jeane Shepherd
15. Birthplace Chicota, Okla. (City, town or county) (State or Country)

16. (a) Informant's signature Robert B. Goules
(b) Address Box 57, Yuma, Arizona

17. (a) Burial, Cremation or Removal burial
(b) Place Yuma, Ariz (c) Date 10/30/44

18. (a) Embalmer's Signature John Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona

19. (a) October 30, 1944 (Date received local Registrar)
(b) Mary A. Huffman (Registrar's Signature)

20M 100% Reg 8-23 Co. County File No. Date Received

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 28, 1944
TIME (Hour and minute) 8:00 a.m.
21. I hereby certify that I attended the deceased from Oct 27 to Oct 28 1944
that I last saw him alive on Oct 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - bronch
Due to just
Due to just
Other conditions (Include pregnancy within 3 months of death)
Major findings: no
Of operations no
Of autopsy no

DURATION

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) no
(b) Date of occurrence no

(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury W.C. Cam

23. Signature W.C. Cam Address Yuma Date signed Oct 28, 44